

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | PA       | 6284   | 10/16/00 |
| O.I.P.E. CLASSIFIER       |          | 5      | 10-25-00 |
| FORMALITY REVIEW          | SK       | 835    | 11-9-00  |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date   |
|----------------|--------|
| Final Original | 7/1/04 |
| 1              | ✓      |
| 2              | 0      |
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| 11             | 0      |
| 12             | ✓      |
| 13             | 0      |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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